**Category 2 Project Narrative – Pass 2**

**Bell County Public Health District – 088334001.2.2**

**Project Area, Option and Title:** 2.7.1 - Implement Evidence-based Health Promotion & Disease Prevention Programs. Implement evidence-based strategies to increase screenings and referral for targeted populations.

**RHP Project Identification Number:** 088334001.2.2

**Performing Provider Name:** Bell County Public Health District

**Performing Provider TPI #:** 088334001

**Project Summary:**

* + - * **Provider Description:** Bell County Public Health District (Health District), is a Local public health district, and provides public health services to the men and women of Bell County and the surrounding area. The Health District provides services in the following programs: Immunizations, Sexually Transmitted Disease (STD) testing and treatment, Pregnancy testing and counseling, Preparedness, Disease Surveillance, Environmental Health, Food Protection, and Women Infant Children (WIC) program. The Health District serves Bell County with a 1060 square mile area and a population of 284,408 (DSHS Health Facts Profile, 2009). The Health District operates two clinics in east and west Bell County in the neighborhoods of the targeted populations.
* **Intervention:** The purpose of this project is to increase the number of females of child bearing age tested for STDs in Health District clinics to ultimately decrease the possible sequelae from untreated infections. Nurses will provide STD risk reduction counseling utilizing the Centers for Disease Control’s (CDC’s) ABC Method (practice Abstinence, Be faithful with a negative partner, use Condoms). Clinical services will be provided according to Health District STD Testing Policies and Procedures. The Health District plans to monitor clinic numbers and times, and adjust the schedule accordingly.
* **Project Status:** This project is an expansion of existing STD services. We currently serve 297 female clients but intend to increase the number of females tested for STD’s by 20% over baseline in DY4 and 30% over baseline in DY5. The Health District planned to implement this project in DY3 but implemented the project in DY2 and plans to increase the number of females seen in DY3 by 10% using the baseline from 2012 (297).
* **Project Need:** CN.1.10: Increase STD testing of females age 14-45 to reduce potential complications of untreated STDs. This project addresses the need for more STD testing of females of child-bearing age, to find and treat asymptomatic Gonorrhea, Chlamydia, and Syphilis infections, to reduce the potential sequelae such as Pelvic Inflammatory Disease (PID), sterility, ectopic pregnancy, poor pregnancy outcomes, neonatal infection and chronic pain (DSHS, Infertility Prevention Project, 2012).
* **Target Population:** The target population is females who are uninsured or on Medicaid, of child bearing age who are sexually active, and who may be unaware of having a sexually transmitted infection. The target population in this project is FEMALES. In DY2, the Health District established a baseline, and saw 297 females who tested for Chlamydia, Gonorrhea, and Syphilis. The Health District estimates that they can see an additional 30 females in DY3, 59 females in DY4, and 89 females in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. (The Category 2.1 project addresses STD services to males in Health District clinics). The Health District will increase the number of females who access care by expanding availability of STD services and by providing those services on a walk-in basis, to decrease potential sequelae of untreated STD’s such as PID, ectopic pregnancy, pregnancy complications, neonatal infections, pelvic pain: and reduce the number of Medicaid clients who utilize the Emergency Department for routine STD testing services.
* **Category 1 or 2 Expected Project Benefit for Patients:**The project seeks to increase the number of females tested for STD’s in Health District clinics by 10% over baseline in DY3, 20% over baseline in DY4 and 30% over baseline in DY5. The Health District estimates that they can see an additional 30 females in DY3, 59 females in DY4, and 89 females in DY5 who test for Chlamydia, Gonorrhea, and Syphilis.
* **Related Category 3 Outcome Measure(s):** OD-6 Patient Satisfaction. IT-6.2.b VSQ-9 Percent improvement over baseline of patient satisfaction scores

**Project Description:**

*Increase number of females aged 14-45 who are tested for Gonorrhea, Chlamydia, and Syphilis in Bell County Public Health District Clinics*

The purpose of this project is to increase the number of females of child bearing age tested for Sexually Transmitted Diseases (STDs) in Health District clinics to ultimately decrease the possible sequelae from untreated infections. The Health District staff will provide STD risk reduction counseling utilizing the Centers for Disease Control’s (CDC’s) ABC Method (practice Abstinence, Be faithful with a negative partner, use Condoms). Outreach will be conducted in the community to inform females of the availability of services, and also the importance of finding and treating STD’s prior to complications anddamage occurring. Quality clinical services will be provided by licensed nurses according to Health District STD Testing Policies and Procedures. The Health District staff has 5-10 years of experience in conducting risk assessment and risk reduction STD counseling and testing. They will provide one-on-one, individualized counseling for each STD client, to include counseling regarding the need for medi~~ca~~**t**ion compliance, medication education, partner treatment, abstinence until partner treated, and importance of future safe sex practices. Staff will provide each client with written educational materials, as well as condoms. Nursing staff will treat symptomatic clients at the time of testing, and will encourage abstinence until partners are treated, if positive. Clients with positive results are notified regardless if they were treated at testing, so that counseling can occur with regard to abstinence and partner treatment. Clients whose partners refuse to be treated will be offered Expedited Partner Therapy (EPT) according to established procedures.

Clients who test positive for Gonorrhea and/or Chlamydia are strongly encouraged to return to the clinic in three months for a retest due to the possibility of re-infection with an untreated partner or a new infection from a new partner. Clients who test positive for syphilis are staged and treated appropriately, and will have blood redraws to retest and ensure treatment effectiveness. Pregnant women who test positive for syphilis are treated and referred for prenatal care. Counseling is provided on the potential effects of untreated STD’s on the pregnancy and/or baby. Partner elicitation for positive syphilis clients is done by the Texas Department of State Health Services (DSHS) Disease Intervention Specialists. Clinic staff keeps records of positive clients and send reminders of need for retest or redraws. Client numbers are kept by clinic clerical staff for completion of reports.

Community Educators provide information in the community on the Health District services and importance of STD testing and treatment for sexually active females. It is the expectation that with increased utilization of Health District STD clinics that there will be less use of the local Emergency Departments (ED) for routine STD testing and treatment, as well as decrease the hospitalizations for sequelae of untreated STD’s such as PID, ectopic pregnancy, pregnancy complications, neonatal infections, pelvic pain (DSHS, Infertility Prevention Project, 2012), [miscarriages](http://en.wikipedia.org/wiki/Miscarriage), [premature births](http://en.wikipedia.org/wiki/Premature_birth), [stillbirths](http://en.wikipedia.org/wiki/Stillbirth), or deaths of newborn babies (U.S. Department of Health and Human Services, Office on Women’s Health, Syphilis Fact Sheet, July 8, 2011).

**Goals and Relationship to Regional Goals:**

**Project Goals:**

It is the goal of the project to increase the number of female clients in Bell County who access STD testing and treatment services in Health District clinics to decrease the potential complications associated with untreated STD’s. For the past several years, Bell County has had some of the highest STD rates in Texas. The Health District would like to see the case numbers and rates come down for Gonorrhea, Chlamydia, and Syphilis in Bell County. The Health District would also like to see clients in Bell County utilize the clinics in Killeen and Temple instead of the ED for routine STD testing.

**This Project meets the following Regional Goals:**

* Improving access to timely, high quality care for residents, including those with multiple needs; and
* Reducing inappropriate utilization of services.

**Challenges:**

Possible challenges are clients reporting inability to pay for services. Staff will work with clients on a payment plan if they report they cannot pay, and they are symptomatic. The Health District recently began accepting credit and debit cards, which may help clients to be able to pay. The Health District has changed the way clients are assessed fees for STD clinic. Client fees are based on family size and income instead of a flat fee. This will enable more clients to be seen, and eliminate financial barrier to care. Another challenge is partners refusing to get treated. Extensive education is provided on the importance of partner treatment. The expanded hours will allow partners more opportunity for treatment. For those partners who refuse to come in (or go to their provider) for treatment, EPT will be provided. EPT is done only in cases where the client’s partner refuses to get treated, and the client is at high risk for re-infection. Strict procedures are followed for EPT, since medications are provided to one person for another. Another challenge is that Fort Hood, the largest military base in the world, is located in Bell County. There is a constant influx of soldiers returning from a war campaign and they often bring STD’s home with them.

**5-Year Expected Outcome for Provider and Patients:**

It is expected in the first five years of the project that the number of female clients accessing services will increase by 10% in DY3, 20% in DY4, and 30% in DY5. The Health District estimates that they can see an additional 30 females in DY3, 59 females in DY4, and 89 females in DY5 who test for Chlamydia, Gonorrhea, and Syphilis. Targets based on FY 12 client numbers. It is the intent with this project, that potential complications associated with untreated STD’s will be reduced with the increase in testing of female patients. In addition, ED visits and hospital admission for sequelae from untreated STD’s will go down.

**Starting Point/Baseline:**

297 females accessed STD services in Bell County Public Health clinics in FY2012. Increase number of females seen in STD clinic by 20% over baseline in DY4 and 30% over baseline in DY5.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.1 - Limited access to primary care
* Specific Community Need: CN.1.10 – Increase STD testing of females age 14-45 to reduce potential complications of untreated STDs (i.e., Pelvic Inflammatory Disease)

This project addresses the need for more STD testing of females of child-bearing age, to find and treat asymptomatic Gonorrhea, Chlamydia, and Syphilis infections. According to the CDC, the number of reported cases of Chlamydia and Gonorrhea is lower than the estimated total number because infected people are often unaware of, and do not seek treatment for, their infections and because screening for chlamydia is still not routine in many clinical settings (CDC, 2012). Untreated Gonorrhea and Chlamydia have the potential to cause Pelvic Inflammatory Disease (PID), sterility, ectopic pregnancy, poor pregnancy outcomes, neonatal infection and chronic pain (DSHS, Infertility Prevention Project, 2012). Untreated syphilis can lead to severe illness and even death. Having syphilis increases the risk of acquiring or spreading HIV. Untreated syphilis also can cause problems during pregnancy such as increasing the potential for [miscarriages](http://en.wikipedia.org/wiki/Miscarriage), [premature births](http://en.wikipedia.org/wiki/Premature_birth), [stillbirths](http://en.wikipedia.org/wiki/Stillbirth), or death of newborn babies. Infected babies may be born without signs or symptoms, but may develop health problems such as developmental delays and seizures within weeks of birth (U.S. Department of Health and Human Services, Office on Women’s Health, Syphilis Fact Sheet, July 8, 2011).

Bell County had the highest Chlamydia and Gonorrhea case rates in the entire state in 2010. Bell County also had the 6th highest Gonorrhea case numbers, and 7th highest Chlamydia numbers in the state in 2010. Bell County has one of the highest Chlamydia infection rates in the State (DSHS, Texas 2010 STD Surveillance Report). Bell County STD cases numbers 2010: Chlamydia 4007, Gonorrhea 1181. Bell County STD case rates: Chlamydia 1375.2, Gonorrhea 405.3 (DSHS Texas 2010 STD Surveillance Report). In 2010, Bell County had 16 cases of primary and secondary syphilis with a rate of 5.5. In 2011, there were 5 cases of primary and secondary syphilis, with a rate of 1.7 in Bell County. DSHS Region 7, in which Bell County resides, had 7 cases of congenital syphilis in 2011 (there are no figures for Bell County) (DSHS 2011 STD Surveillance Report).

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** The Health District receives funds from the U.S. Department of Health and Human Services through state agencies; however, these funds will not be used in this project.

**Core Component:**

1. CQI

The Health District is committed to continuous quality improvement and learning related to this project. The Health District will conduct quality improvement as a core component for the project using the following methods: The Health District has a Quality Assurance Plan in place and conducts the following QA activities on a regular basis by designated staff: monthly chart audits in all clinics with corrections made; annual Exposure Control Clinic assessment, annual building and Fire Equipment inspections, twice a year Fire Drills, annual evaluations on all staff, annual emergency response drills, annual client satisfaction surveys, annual staff development needs assessment, verification of licensed personnel as needed, CPR training, and quarterly QA meetings. At the quarterly QA meetings, staff discuss: problems encountered with staff performance, documentation, clinic flow, patient issues, or any area of the project where improvements are needed. The QA Committee provides recommendations for improvement in all areas of the project. The Director is responsible for ensuring designated staff in each clinic carry out the recommendations of the QA committee to improve the overall project. In addition, we will participate in regional learning collaborative which share information such as challenges, lessons learned and considerations for safety net populations.

**Related Category 3 Outcome Measure(s):**

* OD-6 Patient Satisfaction
* IT-6.2.b VSQ-9 Percent improvement over baseline of patient satisfaction scores

Baseline patient satisfaction scores will be determined in DY3 and targets will be set for DY4 and DY5 at that time. The Health District will show a TBD improvement in DY4, and TBD improvement in DY5, over baseline of patient satisfaction scores for patients surveyed in BCPHD STD clinics to establish if patients are getting timely care, appointments, and information. The agency plans to use the VSQ-9 which is a 9 item survey that measures patient satisfaction with access to primary care, with the direct interaction with the physician, and with the visit overall on a scale ranging from 1(poor) to 5 (excellent). The VSQ-9 focuses specifically on satisfaction with a visit to a physician or other health care provider.

Some clients may feel embarrassed to seek STD testing and treatment with their primary provider, or may feel more comfortable accessing these services at the Health District clinics.

It is important for clients to feel comfortable when being tested and/or treated for STD’s. Assessing client satisfaction will enable changes to increase quality of services provided and ensure continued use of Health District clinic for these services. Additionally, there are no other low-cost STD clinics available for individuals in Bell County. There are many physicians, EDs, and acute care clinics, but the cost for STD testing and treatment can be in the hundreds of dollars. The Health District offers a single test for Gonorrhea, Chlamydia, and Syphilis – all for a single fee, and the treatment is included in the fee and provided on site. Client fees are based on family size and income (self-reported) instead of a flat fee. This will enable more clients to be seen, and eliminate a financial barrier to care. The fee for all these tests and treatment is as low as some insurance plan’s co-pay.

**Relationship to Other Projects:**

In Pass 1, the Health District is focusing on a project (#088334001.2.1)to implement Evidence-based Health Promotion & Disease Prevention Programs. The purpose of the project is to increase the availability of STD testing at the Health District clinics. It is the hope, by expanding STD service hours, that the Health District can increase access to STD testing and treatment, and decrease the Gonorrhea, Chlamydia, and Syphilis case numbers and rates in Bell County, which are some of the highest rates in the state. The proposed Pass 2 project focuses on females only with the goal of finding and treating STD’s before they can cause complications and damage; whereas the Pass 1 project focus is increasing access to services to males, and to decrease overall Gonorrhea, Chlamydia, and Syphilis case numbers and rates.

**Relationship to Other Performing Provider’s Projects and Plan for Learning Collaborative:**

Central Counties Services (CCS) is proposing a project (#081771001.2.2)to increase testing of STD’s in their clinics, as they feel their clients may not go to the Health District to access these services. CCS believes, by nature of many of their clients’ disease processes, they cannot or will not seek out testing and treatment, especially if they are asymptomatic. CCS will provide STD education, testing, and treatment on site in their clinics to decrease STD infections among their target population. The Health District will work with CCS to assist them to reach their goals in their project. CCS and the Health District are also working on a project (#081771001.2.1) to assist CCS clients that are suffering the side-effects of prolonged use of psychotropic medications. Williamson County & City Health District, south of Bell County, is proposing a broader primary care project (#126936702.1.1),but it will also increase availability of STD testing in their county.

The Health District is committed to improvement of services and broad-level delivery system transformation. The Health District has an excellent working relationship with the providers in RHP 8, and is willing to participate in learning collaboratives to share successes, challenges, and lessons learned in order to better serve our target population and meet our community needs. Sharing this information at least on a semi-annual basis will allow providers to strengthen their partnerships and to continue providing services efficiently so there is maximum positive impact on the healthcare delivery system in RHP 8.

**Project Valuation:**

The cost of the project takes into consideration the salaries and fringe benefits of the nursing staff performing services, indirect costs for administrative staff overseeing the project, and for advertising costs to increase awareness of the project. The funds for the project are for salaries and fringe benefits only, as testing supplies, lab tests, and medications are provided at no cost to the Health District. The value of the project also includes the potential savings from possible ED visits, hospitalizations, surgeries, medications, and long term costs of care associated with untreated STD sequelae (i.e. PID, ectopic pregnancy, pregnancy complications, neonatal infections, chronic pain, [miscarriages](http://en.wikipedia.org/wiki/Miscarriage), [premature births](http://en.wikipedia.org/wiki/Premature_birth), [stillbirths](http://en.wikipedia.org/wiki/Stillbirth), or deaths of newborn babies).